

TOWN OF SELBYVILLE

MULTIPLE UNIT
RENTAL

YOU MUST HAVE TENANT NAME AND PHONE NUMBER FOR EACH APARTMENT OR RENTAL. ALL INFORMATION MUST BE COMPLETED OR YOUR APPLICATION WILL NOT BE ACCEPTED.

LOCATION OF HOUSE: _____
STREET

OWNER AND BILLING ADDRESS: _____
NAME

STREET CITY/TOWN STATE ZIP CODE PHONE #

MANAGER: _____ EMERGENCY PHONE: _____

NUMBER OF APARTMENTS IN THE HOUSE _____

TOTAL OF OCCUPANTS ALLOWED _____

APART#	BATHS	BEDROOMS	BEDROOM SQ. FT.	#BEDROOM OCCUPANTS	TENANTS NAME & PHONE#
____	1__2__3__	1__2__3__	_____	_____	_____
____	1__2__3__	1__2__3__	_____	_____	_____
____	1__2__3__	1__2__3__	_____	_____	_____
____	1__2__3__	1__2__3__	_____	_____	_____
____	1__2__3__	1__2__3__	_____	_____	_____
____	1__2__3__	1__2__3__	_____	_____	_____

SQUARE FOOTAGE OF HOUSE: _____

ARE THESE APARTMENTS PROTECTED BY SMOKE DETECTORS?
YES _____ NO _____

FEE \$75.00 EACH UNIT

**SEE SECOND PAGE, READ PARAGRAPHS, SIGN AND RETURN TO TOWN HALL.
SEE ATTACHMENTS FOR APARTMENTS & TRAILERS**

THIS STATEMENT CERTIFIES THAT THE PROPERTY SUBJECT TO THIS REPORT MEETS OR EXCEEDS ALL THE REGULATIONS AND CONDITIONS IMPOSED BY THE LAWS OF THE STATE OF DELAWARE AND THE LAWS, ORDINANCES AND REGULATIONS OF THE TOWN OF SELBYVILLE. I UNDERSTAND THAT ANY FALSE STATEMENTS, NONPAYMENT OF FEES, TAXES AND/OR ASSESSMENTS COULD RESULT IN REVOCATION OR DENIAL OF LICENSE. I HEREBY AGREE TO MAINTAIN THE APPEARANCE OF THE DWELLING, PARKING AREA AND GROUNDS.

I HEREBY SWEAR/AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT.

I FURTHER CONSENT TO INSPECTION OF THE PREMISES BY THE TOWN OF SELBYVILLE, ITS AGENTS AND EMPLOYEES FOR THE PURPOSE OF VERIFYING INFORMATION ON MY APPLICATION.

SIGNATURE OF OWNER

PRINT NAME

DATE

IT SHALL BE THE RESPONSIBILITY OF THE LANDLORD TO PROVIDE PROOF OF A BLOOD RELATIONSHIP IF MORE THAN FOUR (4) PERSONS OCCUPY A DWELLING UNIT. IF IT IS DISCOVERED THAT MORE THAN FOUR (4) UNRELATED PERSONS ARE OCCUPYING A DWELLING UNIT YOU WILL BE IN VIOLATION OF THE TOWN ORDINANCE #73. IF NOT CORRECTED, YOUR RENTAL LICENSE MAY BE REVOKED BY THE TOWN OF SELBYVILLE.

TOWN OF SELBYVILLE

MULTIPLE UNIT RENTALS

APARTMENTS

**ALL INFORMATION MUST BE COMPLETE OR YOUR APPLICATION WILL
NOT BE ACCEPTED**

BUILDING NUMBER OR NAME _____

UNIT #	TENANT(S) NAME	TENANT(S) PHONE NUMBER
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSPECTION APPROVAL DATE: _____

ALL INFORMATION MUST BE COMPLETE OR YOUR APPLICATION WILL NOT BE ACCEPTED.

BUILDING NUMBER OR NAME _____

UNIT#	#BEDROOMS	BEDROOM SQUARE FOOTAGE	#BEDROOM OCCUPANTS	#BATHS	SQUARE FOOTAGE APART.	TOTAL OCCUP.
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____
_____	1__2__3__	1__2__3__	1__2__3__	1__2__3__	_____	_____

INSPECTION APPROVAL DATE: _____

Revised: 3/7/06

MULTIPLE UNIT RENTALS

TRAILERS

<u>UNIT #</u>	<u>TENANTS NAME</u>	<u>PHONE NUMBER</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

INSPECTION APPROVAL DATE _____

Revised: 3/7/06